



Patient		
Office	Brightwater Dental - Oak Park	
Appointment	10/15/2026, 10:30 AM	
Patient	Maren Holloway	
Patient DOB	03/14/1985	
Relationship	Spouse	
Subscriber	Theo Holloway	
Subscriber DOB	11/02/1983	
Subscriber ID	9036418257	
Plan		
Insurance company	Delta Dental of Illinois	
Plan name	Delta Dental PPO	
Payer ID	05030	
Phone	(800) 323-1743	
Claims address	P.O. Box 5402, Lisle, IL 60532	
Group #	21740	
Employer or group name	Harbor Line Outfitters LLC	
Effective date	01/01/2024	
Fee schedule	Delta Dental PPO	
Eligibility	Active	
Plan type	PPO	
Network	In	
Assigned to this office	Not stated	
Other coverage	Not stated	
Verified by / date	Marzy (automated), 10/12/2026	
Money	Total	Remaining
Annual maximum	\$1,500	\$1,182.40
Deductible	\$50	\$0
Family deductible	\$150	\$50
Ortho lifetime maximum	\$1,500 per lifetime	\$1,500
Ortho deductible	None	None
Plan rules		
Plan year	Calendar	
Contract anniversary	Not stated	
Waiting periods	None	
COB	Standard	
Assignment	Provider	
Pre-authorization	Recommended	
Deductible applies to D&P	No	
Maximum applies to D&P	Yes	
Maximum rollover	Not stated	
Missing tooth clause	No	
Replacement clause	1 every 60 months	
History		
Last cleaning D1110, D1120		D1110 04/08/2026
Last exam D0120, D0150		D0120 04/08/2026
Last FMX D0210		D0210 03/02/2022
Last pano D0330		D0330 08/17/2020
Last BWX D0270–D0274		D0274 04/08/2026
Last PAs D0220, D0230		D0220 06/22/2026 #30
Last fluoride D1206, D1208		Not stated
Last sealants D1351		Not stated
Last perio maintenance D4910		Not stated
Last SRP D4341, D4342		Not stated
Last crowns D2710–D2799		D2740 11/03/2021 #19
Last fillings D2140–D2394		D2392 06/22/2026 #30
Other history		D9944 09/12/2023

Procedures				
Code	Procedure	Coverage	Frequency	Age
D0100-D0999	Diagnostic	100%		
D0120	Exam, periodic	100%	2 per year	
D0140	Exam, limited	100%	2 per year	
D0150	Exam, comprehensive	100%	2 per year; 1 every 36 months per provider	
D0210	X-ray, FMX	100%	1 every 60 months	
D0330	X-ray, pano	100%	1 every 60 months	
FMX and pano share a limit		Yes		
D0220	X-ray, PA first	100%	No limit	
D0230	X-ray, PA each additional	100%	No limit	
D0240	X-ray, occlusal	100%	2 per year	
D0274	X-ray, BWX	100%	1 per year	
D0364-D0367	CBCT	100%	Not stated	
D0431	Oral cancer screening	NC		
D1000-D1999	Preventive	100%		
D1110	Prophy, adult	100%	2 per year	
D1120	Prophy, child	100%	2 per year	
D1206	Fluoride varnish	100%		≤18
D1208	Fluoride, topical	100%		≤18
D1351	Sealant	100%		≤15
D2000-D2999	Restorative	50%-80%		
D2140-D2394	Fillings	80%	1 every 24 months	
Posterior composites downgrade to amalgam		Yes		
D2740	Crown	50%	1 every 60 months	
Crowns downgraded on molars		Yes		
D2950	Buildup	50%	1 every 60 months	
D2991	Hydroxyapatite regeneration	Not stated	Not stated	
D3000-D3999	Endodontics	80%		
D3310	Root canal, anterior	80%	1 per lifetime	
D3330	Root canal, molar	80%	1 per lifetime	
D3410-D3499	Surgical endodontics	80%	1 per lifetime	
D4000-D4999	Periodontics	80%		
D4210-D4299	Surgical perio	80%	1 every 36 months	
D4263	Bone graft, perio	80%	1 every 36 months	
D4266	Membrane	80%	1 every 36 months	
D4341	SRP, 4+ teeth	80%	1 every 24 months	
D4342	SRP, 1-3 teeth	80%	1 every 24 months	
Quads per day		4		
D4346	Scaling, generalized	100%	2 per year	
Scaling, generalized applies to the deductible		No		
D4355	Full mouth debridement	80%	1 per lifetime	
D4381	Arestin	80%	1 every 24 months	
D4910	Perio maintenance	80%	4 per year	
Perio maintenance applies to the deductible		Yes		
Perio maintenance shares the cleaning limit		No		
D4921	Gingival irrigation	NC		
D5995-D5996	Perio medicament carrier	NC		
D5000-D6999	Prosthodontics / implants	50%		
D5110	Complete denture, upper	50%	1 every 60 months	
D5410	Adjust denture	50%	2 per year	
D5650	Add tooth to partial	50%	No limit	
D5710	Rebase denture	50%	1 every 36 months	
D5750	Reline denture	50%	1 every 36 months	
D6010	Implant body	50%	1 every 60 months	
D6056-D6057	Implant abutment	50%	1 every 60 months	
D6058-D6061	Implant crown	50%	1 every 60 months	
D6104	Bone graft, implant site	NC		
D6740	Bridge retainer crown	50%	1 every 60 months	
D7000-D7999	Oral surgery	80%		
D7140	Simple extraction	80%		
D7210	Surgical extraction	80%		
D7953	Bone replacement graft	80%		
D8000-D8999	Orthodontics	50%		
D8080	Ortho, comprehensive	50%	1 per lifetime	≤18
D8660	Pre-ortho exam	50%	1 per lifetime	≤18
D9000-D9999	Adjunct	50%-80%		
D9110	Palliative	80%	No limit	
D9222	Deep sedation	50%	No limit	
D9230	Nitrous oxide	NC		
D9239	IV moderate sedation	50%	No limit	
D9310	Consultation	80%	1 per year	
D9944-D9945	Night guard	50%	1 every 60 months	



Notes	
Oral evaluations D0120, D0140, D0150 and D0180 are limited to 2 per calendar year combined.	Periodontal maintenance is covered beginning 90 days after active periodontal therapy.
D4346 counts toward the 2 cleanings per calendar year allowed for D1110.	Arestin (D4381) is covered per tooth for pockets of 5 mm or more following scaling and root planing.
Fluoride: 2 applications per calendar year through age 18.	Implants: 1 per tooth every 60 months.
Sealants: unrestored permanent first and second molars, 1 per tooth per 36 months.	Bone grafts at the implant site (D6104) are not covered.
Posterior composite fillings are paid at the amalgam allowance, and the patient pays the difference up to the PPO fee.	General anesthesia and IV sedation are covered only with covered oral surgery.
Porcelain and porcelain-fused-to-metal crowns on molars are paid at the full cast metal allowance.	Night guards (D9944-D9945) are covered for bruxism only.
Predetermination is recommended for any treatment plan over \$300.	Orthodontics: dependent children through age 18, at 50% up to the \$1,500 lifetime maximum.
Root canal therapy: 1 per tooth per lifetime.	There is no separate orthodontic deductible.
Retreatment (D3346-D3348) is covered once per tooth, 24 months or more after the original root canal.	Orthodontic benefits are paid monthly over the course of treatment.
Scaling and root planing: 1 per quadrant every 24 months.	Teeth whitening and other cosmetic services are not covered.
	Claims must be filed within 12 months of the date of service.

Comments